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# 2006 Exhibit 1: Continuum of Care (CoC) Application

## U.S. Department of Housing and Urban Development

Office of Community Planning and Development

OMB Approval No. 2506-0112  
(exp. 3/31/2009)

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The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public reporting burden for this collection of information is estimated to average 170 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the Continuum of Care Homeless Assistance application does not request the submission of such information.

**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).**

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Previous versions obsolete

form **HUD-40090-1**  
(4/2006)

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# 2006 Continuum of Care Application: Exhibit 1

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## Instructions for *Selected Sections* of the 2006 Exhibit 1: Continuum of Care Application

In the 2006 NOFA, extra instructions for selected charts have been placed in this initial section. Not all sections will have separate instructions; the instructions below provide additional direction for CoC Charts I, K, M, Q, R, T, V, and X.

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### I. CoC Housing Inventory Charts Instructions

This chart consists of three housing inventory charts—for emergency shelter, transitional housing, and permanent supportive housing. Note that the information in these charts should reflect a point-in-time count. For each chart, the beds listed under the new section “New Inventory in Place in 2005” should indicate all beds, HUD-funded or not, that became available for occupancy for the first time between February 1, 2005 to January 31, 2006.

Please provide information on each project (Current and Under Development) as of the date of your point-in-time Housing Inventory Survey.

- **Provider Organization Name:** Self-explanatory.
- **Facility Name:** Self-explanatory.
- **HMIS Participation Code:** Enter one of the following codes that most accurately reflects the client level data submitted to the HMIS, either via direct data entry or data integration conducted at least annually.

Codes for programs **participating in HMIS** and required to collect the Universal Data Elements

- 1 – At least 90% of the universal data elements for **75%+** of the clients served
- 2 – At least 90% of the universal data elements for less than 75% of the clients served
- 3 – Less than 90% of the universal data elements for **75%+** of the clients served
- 4 – Less than 90% of the universal data elements for less than 75% of the clients served

Codes for programs **participating in HMIS** and required to collect the Universal and Program-Specific Data Elements

- 5 – At least 90% of the universal & program data elements for **75%+** of the clients served
- 6 – At least 90% of the universal & program data elements for less than 75% of the clients served
- 7 – Less than 90% of the universal & program data elements for **75%+** of the clients served
- 8 – Less than 90% of the universal & program data elements for less than 75% of the clients served

Codes for programs **NOT participating in HMIS**

- P** – Not yet participating, but will begin participating by July 1, 2007.
- N** – Will not participate in HMIS (non-HUD funded)
- F** – HUD funded will not participate in HMIS

- **Number of Year-Round Beds in HMIS:** Enter the number of year-round individual beds (Ind.) and number of year-round family beds (Fam.) that are covered by the HMIS. A bed is “covered” if the provider is entering data about the clients served by that bed. If an agency is only reporting data for clients staying in a portion of its beds, then only that portion of the beds should be counted as “covered” by HMIS. These numbers should be consistent with the participation code and should not exceed the total number of beds provided in each project, as reported in the subsequent columns in this table.
- **Geo Code:** Indicate the 6-digit Geographic Area Code (Geo Code) for the project, found on HUD’s web site at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. Where there is only one geographic code for the Continuum, check the box and indicate that code in the row for the first project only. If the project is located in multiple jurisdictions, select the jurisdiction where the majority of the provider’s inventory is located.

- **Facility Target Population A:** Select the code that best represents your project: **SM**= only Single Males (18 years and older); **SF**= only Single Females (18 years and older); **SMF**= only Single Males and Females (18 years and older with no children); **FC**= only Families with Children; **YM**= only unaccompanied Young Males (under 18 years); **YF**= only unaccompanied Young Females (under 18 years); **YMF**= only unaccompanied Young Males and Females (under 18 years); **M**= mixed populations. Only one code should be used per facility. If more than one group is served, use the **M**=mixed populations code.
- **Facility Target Population B:** Indicate whether the project serves these additional characteristics: **DV**= only Domestic Violence victims; **VET**= only Veterans, and **HIV**= only persons with HIV/AIDS.
- **Year-Round Family Units:** Enter the number of units that the project set-aside for serving families.
- **Year-Round Family Beds:** Enter the number of beds that are contained in family units.
- **Year-Round Individual Beds:** Enter the number of beds that are serving individuals. For the Permanent

Supportive Housing Chart only (both Current and Under Development Inventories), indicate first the total number of individual beds, then the estimated number of those beds designated for CH individuals or occupied by persons who met the definition of chronic homelessness at the time of placement into PSH beds. (Example: 115/5 indicates that there are a total of 115 PSH beds for individuals in the COC, 5 of which are designated for or occupied by a CH person.)

- **Total Year-Round Beds:** The number of family beds in (column “Family Beds”) **plus** the number of beds for individuals (column “Individual Beds”).
- **Other Beds (Emergency Shelters Chart Only):** Emergency shelters are usually structures with year-round beds, but there are structures with seasonal beds that are made available to homeless persons during particularly high-demand seasons of the year, usually wintertime. In addition, projects may have overflow capacity that includes cots or mats in addition to permanent bed capacity that is not ordinarily available but can be marshaled when demand is especially great, for example, on the coldest nights of the year. Vouchers (hotel/motel arrangements) are to be identified as overflow beds. The total number of year-round, seasonal and overflow beds would provide a point-in-time snapshot of the housing inventory for homeless people at its highest point in the year.
  - **Seasonal Beds:** The number of beds made available to individuals and families on a seasonal basis.
  - **Overflow Beds:** The number of beds, mats or spaces or vouchers that are made available on a very temporary basis.
- **Current Inventory:** List all Provider Organization Names and Facility Names (Project Names), including voucher programs, that are currently operating. Add rows as needed.
- **New Inventory in Place in 2005:** Fill out each column for providers and facilities that supplied new beds during the period of February 1<sup>st</sup>, 2005 to January 31<sup>st</sup>, 2006 (for example, on the Emergency Shelter Chart, enter only new emergency shelter beds). Add rows as needed.
- **Under Development:** List all the projects that are fully funded but are not yet serving homeless people. Indicate the anticipated occupancy date for project. Add rows as needed.
- **Unmet Need:** Use the HUD Unmet Need Formula to calculate the values in this row. This formula can be found on the “Worksheet for Calculating Unmet Need,” provided in the Questions and Answers Supplement to the 2006 NOFA.

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## K: CoC Homeless Population and Subpopulations Chart Instructions

Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include Hurricane Katrina evacuees in Parts 1 and 2.

**Sheltered Homeless.** Count adults, children and unaccompanied youth residing in shelters for the homeless. “Shelters” include all emergency shelters and transitional shelters for the homeless, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. Do not count: (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other

permanent housing units; (3) children or youth, who because of their own or a parent's homelessness or abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

**Unsheltered Homeless.** Count adults, children and youth sleeping in places not meant for human habitation. Places not meant for human habitation include streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g. subway tunnels, railroad car), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places. For more information on unsheltered enumeration techniques please refer to 'A Guide to Counting Unsheltered Homeless People' available at: [www.hud.gov/offices/cpd/homeless/library/countinghomeless/index.cfm](http://www.hud.gov/offices/cpd/homeless/library/countinghomeless/index.cfm)

**Part 3: Hurricane Katrina Evacuees.** Complete the chart only if evacuees from Hurricane Katrina have relocated to your CoC. Check the appropriate box to indicate whether the data in this section comes from a point-in-time count taken after Hurricane Katrina (September 1, 2005 or later) or whether the information is based on a reasonable estimate. In either case, please answer the following two questions to the best of your ability:

1. **Total number of Katrina evacuees:** enter the current number of evacuees who are residing in sheltered or unsheltered locations.
2. **Of this total, enter the number of evacuees homeless prior to Katrina:** of the total number of sheltered and unsheltered evacuees entered in question 1, enter the number who were homeless before Hurricane Katrina.

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## **M: CoC Homeless Management Information System (HMIS) Charts Instructions**

### **Instructions for Chart M-4: Client Records**

If providers share basic client identifiers with each other (for example, in order to search for existing client records during initial intake), the duplicated and unduplicated counts may be the same. If basic client identifiers are not shared with other providers during the client search process, then the **duplicated count** represents the sum of all client records entered by each provider, and the **unduplicated count** represents the total number of clients served within the CoC after duplicates between agencies are eliminated.

### **Instructions for Chart M-5: HMIS Participation**

Answer all parts of this question as of the date of application submission.

- a) **Definition of HMIS Participation:** Participation in HMIS means that client-level data, including the universal and, when required, the program specific data elements, is submitted to the HMIS either through direct data entry or data integration on at least an annual basis.
- b) **Definition of Bed Coverage:** If the CoC has already achieved 75% bed coverage in a specific category, please record the approximate month/year that this occurred. If the CoC has not yet achieved 75% bed coverage in a specific category, please provide the month/year that the CoC anticipates that 75% bed coverage will be achieved.

The responses to this question should be consistent with the detailed program information recorded in the Housing Inventory Chart. A bed is "covered" if the provider is entering data about the clients served by that bed. If an agency is only reporting data for clients staying in a portion of its beds, then only that portion of the beds should be counted as "covered." Bed coverage is

calculated by dividing the number of “covered” beds by the total number of beds in that category. For example, if a CoC has two programs that each operate 50 emergency shelter beds and only one of the providers enters client data, then the current emergency shelter bed coverage is 50%.

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## Q: CoC Project Priorities Chart Instructions

A CoC should enter all projects to be included for consideration of Continuum of Care competitive funding. There should be only one project per line. The projects that the CoC ranks as higher priorities will receive the most points under the “Need” criterion. If you do not provide a Project Priorities Chart in Exhibit 1, all proposed projects may lose up to 30 points of the 40-point Need total. Projects submitted in response to the 2006 NOFA should fill unmet needs identified as priorities for funding as determined by your CoC’s unmet need analysis. Please place all Shelter Plus Care renewal projects in the bottom section of the chart (section 9), continuing the same numbering sequence. Shelter Plus Care renewals are not “prioritized” with the other projects because they are being funded non-competitively and therefore do not count against the CoC’s pre-determined pro rata need.

- Line 1:** Enter the HUD-defined CoC Name and CoC Number. HUD-defined CoC names & numbers are available at: [www.hud.gov/offices/adm/grants/fundsavail.cfm](http://www.hud.gov/offices/adm/grants/fundsavail.cfm)
- Column (1):** Enter the legal name of the Applicant as listed on the SF-424. The Applicant is the organization that submits the SF-424 and becomes the grantee if the project is selected for funding. The Applicant is responsible for the overall management of the grant.
- Column (2):** Enter the name of the organization that will carry out the project. Repeat the name of the Applicant if it is the same organization. This organization is the Project Sponsor.
- Column (3):** Enter the name of the project. This name should be unique enough as not to confuse it with other projects in the CoC.
- Column (4):** This column contains the numeric priority that the CoC has assigned to each project. This column has been pre-filled, with number 1 as the highest priority and number 10 as lowest. Expand this chart and add numbers as needed. Place all Shelter Plus Care renewal projects in the bottom section of the CoC Priorities Chart (section 9), continuing the same priority numbering sequence (do not restart from 1).
- Column (5):** Enter the amount being requested for each project. The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priority list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart. For all Shelter Plus Care and SRO projects enter the most current fair market rents (FMRs) available at the time the NOFA is released. The requested subsidy cannot exceed current FMR unless a PHA Letter or Exception Rent approval letter is submitted with the application. Unless otherwise noted in Exhibit 2 for the project, the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved, which may be higher or lower than FMRs previously entered.
- Column (6):** Enter the requested term of your project in years.
- Column (7):** Enter the program type and component of each project. Codes for program type and project components are: **SHP new and renewal**: Transitional Housing (**TH**), Permanent Housing for Homeless Persons with Disabilities (**PH**), Supportive Services Only (**SSO**), Safe Haven/transitional (**SH-TH**), Safe Haven/permanent (**SH-PH**), Homeless Management Information Systems (**HMIS**). **Shelter Plus Care new and renewal**—Tenant-based Rental Assistance (**TRA**), Sponsor-based Rental Assistance (**SRA**), Project-based Rental Assistance (**PRA**), Project-based Rental Assistance with Rehabilitation (**PRAR**), and Section 8 Moderate Rehabilitation Single Room Occupancy (**SRO**).
- Subtotal (8):** Fill in the subtotal of the requested amounts for all the competitively-funded projects in the chart above—SHP new, SHP renewal, S+C new, and SRO.
- Column (9):** Enter information for Shelter Plus Care (S+C) Renewals only. They are not prioritized with the other projects because they are funded non-competitively. For the Shelter Plus Care Renewals

priority number, please continue project numbering from the top portion of the chart – please do not restart S+C project priority numbering from 1.

- Subtotal (10):** Fill in the subtotal of the requested project amounts for all Shelter Plus Care Renewal projects.
- Total (11):** Add up Subtotals (8) and (10) and enter this number in row (11), the total requested amount. (If multiple pages are being submitted, provide only a grand total at the end of the last page.)

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## **R: CoC Pro Rata Need (PRN) Reallocation Chart Instructions**

### **(Only for Eligible Hold Harmless CoCs)**

CoCs that receive the Hold Harmless PRN amount may choose to reduce or eliminate one or more of the SHP grants eligible for renewal in the 2006 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These new project(s) may be for SHP, S+C, and Section 8 SRO projects and their respective eligible activities.

The purpose of this chart is to assist Continuums eligible for Hold Harmless PRN to identify: 1) the PRN funds the CoC is making available for reallocation through the reduction or elimination of project(s) eligible for renewal; and 2) the amount transferred to the new permanent housing project(s) created for the 2006 competition.

**Questions 1, 2, and 3:** Self-explanatory.

#### **Questions 4 and 5:**

**Column (1):** Enter the project number of each expiring SHP grant that will be reduced or eliminated.

**Column (2):** Enter the program code of the grant to be reallocated.

**Column (3):** Enter the component of the grant to be reallocated.

**Column (4):** Enter each grant's Annual Renewal Amount. Verify these amounts with your HUD Field Office. **Note:** Annual Renewal Amounts include the previously awarded administration funds; therefore no additional administration funds may be requested.

**Column (5):** Enter the amount that will be reduced from each grant's one-year amount.

**Column (6):** Enter any retained amount from the existing grant by subtracting the amount in Column (5) from the amount in Column (4). Any remaining amount in Column (6) can be renewed in the 2006 competition.

**Line (7):** Total the amounts in Columns (4), (5) and (6).

**Column (8):** Enter the 2006 priority number given to each new project being created.

**Column (9):** Enter the PH program of the newly created project. (SHP, S+C or Section 8 SRO)

**Column (10):** Enter the component of the newly created project (PH, SH-ph, SRA, TRA, PRA, PRAR, SRO).

**Column (11):** Enter the amount(s) being transferred from Column (5) for the respective project(s) identified in Column (5). **Note:** To insure that the CoC has completed this process correctly, the Total of Column (11) cannot exceed the total of Column (5).

**Advisory Warning:** According to the CoC competitive process, a CoC that scores below the initial funding line will not have the new projects on this chart funded. As such the reallocated funds that had been used for renewals would no longer be available to the CoC.

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## **T: CoC Current Funding and Renewal Projections Chart Instructions**

### **Supportive Housing Program (SHP):**

#### **All SHP Funds Requested (Current Year): Competitive (new and renewal) SHP Projects**

The CoC must enter the total amount of new and renewal funds sought for 2006 in the row for each type of Supportive Housing Project—all transitional housing projects, all Safe Haven-TH projects, etc.

These are the projects that the CoC has ranked within the higher of (1) Initial Pro Rata or (2) the Hold Harmless Renewal Amount, and therefore will receive 40 need points.

### **SHP Renewal Projections**

The CoC must estimate the total dollars for renewal projects that it expects to fund in each of the years from 2007 to 2011, based upon CoC estimates of when existing projects in 2006 and earlier will come due for renewal. This exercise asks that your CoC assume the following conditions:

- That the rules and amount applicable to Initial Pro Rata Need for the 2006 competition will stay the same for the next five years;
- That the rules applicable to Hold Harmless Renewal for the 2006 competition will stay the same for the next five years; and
- That no new funding will be added in the next five years to fund any new SHP projects.

### **Shelter Plus Care (S+C):**

#### **All S+C Funds Requested (Current Year): Competitive S+C Projects and Non-Competitive 1-year S+C Renewals**

The CoC must add up the number of units and the amount of funding sought for 2006 for each apartment type, for all new and 1-year renewal S+C projects. That is, the CoC should tally the total anticipated funding for all new and renewal 0-bedroom units, all 1-bedroom units, etc. that it seeks to have funded in 2006.

### **S+C Renewal Projections**

The CoC must obtain, from grantees, information on S+C grants expiring or those extended and running out of funds, in each applicable year between 2007 and 2011. For each year, the renewal projection chart requires the total number of S+C units to be renewed by bedroom size and corresponding Fair Market Rent (FMR). The CoC should start with the base year of the 2006 actual renewal amounts. It should complete the 2007 projection by counting the units expiring or estimated to run out of funds by 2008. For each succeeding year from 2007 to 2011, the CoC should continue to list the expiring units by bedroom size, using the applicable FMR from 2006 to complete the amount of funding anticipated in each year.

For 2007-2011, the CoC shall estimate that first time expirations are those grants that were awarded initial funds six years prior. For example, for 2008 projections, the CoC should enter projects with an initial five-year term effective in 2004 and expiring in 2009, which were awarded funds in 2003. It should also report future bedroom size distribution based on the current distribution. For CoCs with multiple FMR area amounts, use the highest FMR for each bedroom size.

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## **V: CoC Chronic Homeless (CH) Progress Chart Instructions**

HUD must track each CoC's progress made toward the Administration's goal of ending chronic homelessness. Complete the chart below, indicating for each year the total unduplicated point-in-time count of the chronically homeless and the number of existing and new permanent beds from all funding sources targeted to house the chronically homeless.

A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or



in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

The CoC Chronic Homeless (CH) Progress Chart asks your Continuum to track changes in the number of chronically homeless and beds available, and to identify the cost of new beds for the chronically homeless. A point-in-time count of sheltered and unsheltered persons is not required in 2006.

(1) Number of CH Persons: Enter the number of CH persons in your CoC. Please use the data provided in your 2004 through 2006 Homeless Population and Subpopulations Charts for the number of chronically homeless individuals. **Note:** The number given for 2006 in column (1) would only differ from the 2005 number if your Continuum completed a street count in 2006. Otherwise, for 2006 use the same number as in 2005 in this column.

(2) Number of PH Beds for the CH: The number you enter here should represent the total number of permanent housing beds in the CoC and should come from the January 2006 count (should reflect numbers given in the Housing Inventory Chart). Please use the data provided in your 2004 through 2006 Housing Activity/Inventory Charts and, to the extent necessary, estimates for 2004 through 2006.

(3) New PH beds for the CH between February 1, 2005 and January 31, 2006: This number should indicate the number of new beds that became available for occupancy during this time period. This should equal the difference between the value in column (3) for 2006 and the value in column (3) for 2005, as shown in the example.

(4) Identify the cost of the new CH beds from each funding source. Sources should be designated based on the appropriation level. For example, federally appropriated funds, such as HOME, CDBG, ESG, etc. should be identified as Federal even though they may pass through a state or local government. For programs such as Medicaid, which are funded by federal *and* state governments, identify the amount from each source.

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## **X: Mainstream Programs and Employment Project Performance Chart**

### **Instructions**

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services and, especially, to those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart complete the following:

**Column (1): Number of Adults Who Left.** For each SHP and S+C renewal being submitted in this year's competition, use APR **Question 2C** (Number who left the program during the operating year). For **each** APR, add the Number of Singles Not in Families and the Number of Adults in Families. The total represents the number of adults who exited the project during the operating year. Add the totals from each renewal's APR to get the total number of adults in the CoC who left these projects during the operating year.

**Column (2): Income Source.** Income sources are from the APR Question 11.

**Column (3): Number of Exiting Adults with Source of Income.** Using the information in each project's APR Question 11D (Income Sources at Exit), add the total number of adults who, upon exiting the project, had each source of income.

**Column (4): Percent with Income at Exit.** Divide Column 3 by Column 1, then multiply by 100 and round to the nearest first decimal place (e.g. 38.1%).

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## Part I: CoC Organizational Structure

<b>HUD-defined CoC Name:*</b>	<b>CoC Number*</b>
<b>Omaha/Council Bluffs CoC</b>	<b>NE-501</b>
*HUD-defined CoC names and numbers are available at: <a href="http://www.hud.gov/offices/adm/grants/fundsavail.cfm">www.hud.gov/offices/adm/grants/fundsavail.cfm</a> . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

### A: CoC Lead Organization Chart

<b>CoC Lead Organization: Metropolitan Area Continuum of Care for the Homeless</b>		
<b>CoC Contact Person: Shelley Kiel</b>		
<b>Contact Person's Organization Name: Hope Medical Outreach</b>		
<b>Street Address: 1722 St. Mary's Avenue, Suite 105</b>		
<b>City: Omaha</b>	<b>State: NE</b>	<b>Zip: 68102</b>
<b>Phone Number: 402/345-2400, Ext. 202</b>	<b>Fax Number: 402/345-2411</b>	
<b>Email Address: skiel@hopemed.us</b>		

CoC-A

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### B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. List the name and the six-digit geographic code number for **every** city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping CoC systems.

Geographic Area Name	6-digit Code
City of Omaha	312208
Douglas County, NE	319055
Sarpy County, NE	319153
City of Council Bluffs	191134
Pottawattamie County	199155

Geographic Area Name	6-digit Code

CoC-B

## CoC Structure and Decision-Making Processes

### C: CoC Groups and Meetings Chart

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under “CoC Primary Decision-Making Group,” identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate frequency of meetings and the number of organizations participating in each group. Under “Other CoC Committees, Sub-Committees, Workgroups, etc.” you should include any established group that is part of your CoC’s organizational structure (add rows to the chart as needed). Please limit your description of each organization’s role to 2 lines or less.

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
<b>Example: CoC Primary Decision-Making Group</b>						
<b>Name:</b>	River County Continuum of Care Executive Committee	X				5
<b>Role:</b>	This group meets to address current issues, set agendas for full CoC meetings, and determine project priorities.					
<b>CoC Primary Decision-Making Group</b> (list only one group)						
<b>Name:</b>	Executive Committee	X				15
<b>Role:</b>	Principle planning and coordinating body develops, refines, and implements our CoCs strategic plan, determines priorities, and sets agendas for general meetings.					
<b>Other CoC Committees, Sub-Committees, Workgroups, etc.</b>						
<b>Name:</b>	Disaster Planning/Business Continuity Task Force				X	6
<b>Role:</b>	Develops emergency plan to manage a crisis that would render one or more shelter facilities unusable.					
<b>Name:</b>	Emergency Shelter Directors Task Force		X			10
<b>Role:</b>	Develops emergency plans for nighttime/weekends, creates sustainable day facility programs & bed counts, identifies best practices for intake policies & procedures.					
<b>Name:</b>	HMIS Committee	X				7
<b>Role:</b>	Develops and conducts education interventions that promote HMIS participation and improve data entry and accuracy among current and future user organizations.					
<b>Name:</b>	Homeless Awareness/Community Education T F	X				3
<b>Role:</b>	Develops education initiatives, community events, and public service announcements to promote awareness of homeless issues.					
<b>Name:</b>	Medical Care Task Force	X				12
<b>Role:</b>	Identifies: medical/dental services, emerging health issues, and Respite Center best practices; collaborates across sectors to improve access to specialty services.					
<b>Name:</b>	Mental Health/Substance Abuse Task Force	X				14

<b>Role:</b>	Identifies and addresses MH/SA treatment gaps, and coordinates with providers to ensure continuity of services for person's with co-occurring disorders.				
<b>Name:</b>	Day Facility Task Force	X			9
<b>Role:</b>	Identifies means to create mainstream resource access through Day Facility network and improve CoC-wide participation in mainstream programs				
<b>Name:</b>	Prevention Task Force	X			10
<b>Role:</b>	Identifies and advocates for preventive services in the community, promotes client and case management practices that secure specific prevention services for clients.				
<b>Name:</b>	Rating and Review Committee			X	7
<b>Role:</b>	Meets to review and prioritize HUD Super NOFA Continuum of Care Projects				
<b>Name:</b>	Transitional Housing Task Force	X			19
<b>Role:</b>	Identifies TH gaps, develops and implements case management training, identifies and informs CoC of housing and employment opportunities for TH clients.				
<b>Name:</b>	Youth Services Task Force	X			10
<b>Role:</b>	Develops policies and processes for assisting runaway youth, plans/coordinates youth health fair and teen parenting classes, identifies issues and service gaps.				
<b>Name:</b>	Decision Accelerator Planning Group			X	82
<b>Role:</b>	Defined the role, mission, vision and purpose for the new MACCH nonprofit organization and set goals for project priorities, coordination, and assessment.				
<b>Name:</b>	Rating and Review Committee			X	7
<b>Role:</b>	Meets to review and prioritize HUD Super NOFA Continuum of Care Projects				
<b>Name:</b>	Transitional Housing Task Force	X			19
<b>Role:</b>	Identifies TH gaps, develops and implements case management training, identifies and informs CoC of housing and employment opportunities for TH clients.				
<b>Name:</b>	Youth Services Task Force	X			10
<b>Role:</b>	Develops policies and processes for assisting runaway youth, plans/coordinates youth health fair and teen parenting classes, identifies issues and service gaps.				
<b>Name:</b>	Decision Accelerator Planning Group			X	82
<b>Role:</b>	Defined the role, mission, vision and purpose for the new MACCH nonprofit organization and set goals for project priorities, coordination, and assessment.				

CoC-C

## D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2006 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For “Homeless Persons,” identify at least 2 homeless or formerly homeless individuals.

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PUBLIC SECTOR	<b>STATE GOVERNMENT AGENCIES</b>			
	NE Dept. of Economic Development	312208, 319055, 319153		
	Governor’s Inter-Agency Council on Housing & Homelessness/Nebraska Policy Academy	312208, 319055, 319153		
	NE Dept. of Health & Human Services	312208, 319055, 319153		
	Nebraska Job Service	312208, 319055, 319153		
	Veterans Administration of Nebraska and Western Iowa	312208, 319055, 319153, 191134, 199155	VET	
	Iowa Finance Authority	191134, 199155		
	Region VI Behavioral Health	312208, 319055, 319153	SMI	SA
	<b>LOCAL GOVERNMENT AGENCIES</b>			
	City of Omaha Planning Dept.	312208, 319055, 319153, 191134, 199155		
	Douglas Co. Department of General Assistance	312208, 319055		
	Douglas County Health Department	312208, 319055		
	Metro Area Transit Authority	312208, 319055, 319153		
	Douglas County Commissioners	312208, 319055		
	City of Council Bluffs Community Development Department	191134, 199155		

**\*Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), CoC-D HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
<b>PUBLIC SECTOR</b>	<b>PUBLIC HOUSING AGENCIES</b>			
	Omaha Housing Authority	191134, 199155		
	<b>SCHOOL SYSTEMS / UNIVERSITIES</b>			
	Metropolitan Community College	312208, 319055, 319153, 191134, 199155		
	Omaha Public Schools	312208, 319055	Y	
	University of Nebraska at Omaha	312208, 319055, 319153, 191134, 199155		
	<b>LAW ENFORCEMENT / CORRECTIONS</b>			
	City of Omaha Police Department	312208, 319055		
	Douglas County Court Juvenile Gen. Offc.	312208, 319055		
	<b>LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS</b>			
	N/A			
	<b>OTHER</b>			
	N/A			
<b>PRIVATE SECTOR</b>	<b>NON-PROFIT ORGANIZATIONS</b>			
	American Red Cross	312208, 319055, 319153, 191134, 199155		
	Boys & Girls Clubs of Omaha	312208, 319055, 319153, 191134, 199155	Y	
	Camp Fire USA	312208, 319055, 319153, 191134, 199155	Y	
	CASA of Douglas County	312208, 319055	Y	
	Child Saving Institute	312208, 319055, 319153, 191134, 199155	Y	
	Community Alliance	312208, 319055, 319153, 191134, 199155	SMI	

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PRIVATE SECTOR	Community Housing Investment Corp	191134, 199155		
	Creighton Prep High School	312208, 319055, 319153, 191134, 199155		
	Creighton University	312208, 319055, 319153, 191134, 199155		
	Family Housing Advisory Services, Inc.	312208, 319055, 319153, 191134, 199155		
	Goodwill Industries	312208, 319055, 319153, 191134, 199155		
	Habitat for Humanity	312208, 319055, 319153, 191134, 199155		
	Heartland Family Service	312208, 319055, 319153, 191134, 199155	SA	DV
	Hope Medical Outreach Coalition	312208, 319055, 319153, 191134, 199155		
	Iowa Institute for Community Alliance	191134, 199155		
	Legal AID of Nebraska	312208, 319055, 319153		
	Legal Services Corp. of IA	191134, 199155		
	McAuley Center Family Shelter	312208, 319055, 319153		
	MICAH House Emergency Family Shelter	312208, 319055, 319153, 191134, 199155		
	Nebraska AIDS Project	312208, 319055, 319153, 191134, 199155	HIV/AIDS	
	Nebraska Food Bank Network	312208, 319055, 319153		

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PRIVATE SECTOR	Neighborhood Center of Greater Omaha	312208, 319055, 319153, 191134, 199155		
	Omaha Co-occurring Task Force	312208, 319055, 319153	SA	SMI
	Pottawattamie County Visiting Nurse Assn.	191134, 199155		
	Project Hope	312208, 319055, 319153, 191134, 199155		
	Salem's Children's Corner	312208, 319055	Y	
	Siena/Francis House	312208, 319055, 319153, 191134, 199155	SMI	SA
	Social Settlement	312208, 319055, 319153		
	Source Net, Inc	312208, 319055, 319153, 191134, 199155		
	Stephen Center	312208, 319055, 319153, 191134, 199155	SMI	SA
	Together, Inc.	312208, 319055, 319153, 191134, 199155		
	United Way of the Midlands	312208, 319055, 319153, 191134, 199155		
	Visiting Nurse Association of the Midlands	312208, 319055, 319153		
	Women' Care Center of the Heartland	312208, 319055, 319153		
	Youth Emergency Services	312208, 319055, 319153, 191134, 199155	Y	



	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PRIVATE SECTOR	<b>FAITH-BASED ORGANIZATIONS</b>			
	A New Beginning Benevolence Ministries	312208, 319055, 319153, 191134, 199155		
	Broadway United Methodist Church	191134, 199155		
	Catholic Charities: Family Passages	312208, 319055, 319153, 191134, 199155	DV	
	Christian Worship Center: MOHM'S Place	312208, 319055, 319153, 191134, 199155		
	Community Covenant Church	312208, 319055		
	Dietz United Methodist Church	312208, 319055		
	Faith Missions International	312208, 319055		
	Heartland Urban Ministries (faith based)	312208, 319055		
	Holy Family Door Ministry	312208, 319055, 319153		
	Hope of Glory Ministries: Williams Prepared Place	312208, 319055, 319153, 191134, 199155	SA	
	Inter-Faith Response, Inc.	191134, 199155		
	Jewish Family Services	312208, 319055		
	Kingsway Christian Church	312208, 319055		
	Lutheran Family Services	312208, 319055, 319153, 191134, 199155		
	Mission for All Nations	312208, 319055		
	Mt. Sinai Baptist Church	312208, 319055		
	Open Door Mission/Lydia House	312208, 319055, 319153, 191134, 199155		
	Salvation Army	312208, 319055, 319153, 191134, 199155		
	St. Paul United Methodist Church	312208, 319055		
	United Methodists for Mission & Justice	312208, 319055, 319153, 191134, 199155		
	YWCA	312208, 319055, 319153, 191134, 199155	DV	

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PRIVATE SECTOR	<b>FUNDERS / ADVOCACY GROUPS</b>			
	Alegent Health Community Benefit Trust	312208, 319055, 319153, 191134, 199155		
	Dodge Trust Fund	191134, 199155		
	Hawks Foundation	312208, 319055		
	Iowa West Foundation	191134, 199155		
	The Kim Foundation	312208, 319055, 319153, 191134, 199155	SMI	
	Omaha Community Foundation	312208, 319055, 319153, 191134, 199155		
	William and Ruth Scott Family Foundation	312208, 319055, 319153		
	Women's Fund	312208, 319055, 319153, 191134, 199155		
	<b>BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)</b>			
	American National Bank	312208, 319055, 319153, 191134, 199155		
	Community Benefit Trust	312208, 319055, 319153, 191134, 199155		
	Jefferson Square Business Association	312208, 319055		
	Old Market Business Association	312208, 319055		
	US Bank	312208, 319055, 319153, 191134, 199155		
	Vinton Street Business Association	312208, 319055		

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PRIVATE SECTOR	<b>HOSPITALS / MEDICAL REPRESENTATIVES</b>			
	Alegent Health Systems	312208, 319055, 319153, 191134, 199155		
	Charles Drew Community Health Center	312208, 319055, 319153, 191134, 199155		
	Creighton U Medical Center, Magis Clinic	312208, 319055, 319153, 191134, 199155		
	Council Bluffs Community Health Center	312208, 319055, 319153, 191134, 199155		
	Interfaith Health Services-South Omaha (faith based)	312208, 319055		
	Omaha VA Medical Center	312208, 319055, 319153, 191134, 199155	VET	
	One World Community Health Center	312208, 319055, 319153, 191134, 199155		
	Renaissance Health Clinic, Methodist Hospital Systems	312208, 319055, 319153, 191134, 199155		
	<b>HOMELESS PERSONS (NOTE: THESE INDIVIDUALS DID NOT WISH TO HAVE THEIR NAMES LISTED)</b>			
	Individual #1 (Community Alliance)	312208, 319055, 319153, 191134, 199155	SA	SMI
	Individual #2 (Siena/Francis House)	312208, 319055, 319153, 191134, 199155	SA	
	<b>OTHER</b>			
	Local Homeless Coordinating Board	191134, 199155		
	Leavenworth Neighborhood Association	312208, 319055		

## E: CoC Governing Process Chart

HUD is moving toward providing greater definition and setting standards on the governing process of Continuums of Care. Check the box for each question below, and explain briefly if necessary.

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Does the CoC have a fiscal agent designated to receive funds from HUD?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>8. If your Continuum has not yet complied with <b>any</b> of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition.</p> <p>The Omaha/Council Bluffs CoC is transforming into a 501(c)3 nonprofit organization to be known as "Metro Area Continuum of Care for the Homeless" (MACCH). At the May 3, 2006, Executive Committee meeting, by-laws and policies establishing private-public rotation for chairmanship were drafted. The new MACCH is developing its Code of Conduct. These items are projected to be in compliance with the HUD standards listed above by the end of 2006. At this time, no fiscal agent has been designated to receive funds from HUD. With the 501(c)3 secured, MACCH anticipates serving as the fiscal agent to receive HUD funds – if deemed desirable and appropriate – in the 2007 SuperNOFA competition.</p>		

CoC-E

## F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in 2006 to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

<b>1. Open Solicitation</b>			
a. Newspapers	<input checked="" type="checkbox"/>	e. Outreach to Faith-Based Groups	<input checked="" type="checkbox"/>
b. Letters to CoC Membership	<input checked="" type="checkbox"/>	f. Announcements at CoC Meetings	<input checked="" type="checkbox"/>
c. Responsive to Public Inquiries	<input checked="" type="checkbox"/>	g. Announcements at Other Meetings	<input checked="" type="checkbox"/>
d. Email CoC Membership/Listserv	<input checked="" type="checkbox"/>		
<b>2. Objective Rating Measures and Performance Assessment</b>			
a. CoC Rating & Review Committee Exists	<input checked="" type="checkbox"/>	j. Assess Spending (fast or slow)	<input checked="" type="checkbox"/>
b. Review CoC Monitoring Findings	<input type="checkbox"/>	k. Assess Cost Effectiveness	<input checked="" type="checkbox"/>
c. Review HUD Monitoring Findings	<input type="checkbox"/>	l. Assess Provider Organization Experience	<input checked="" type="checkbox"/>
d. Review Independent Audit	<input type="checkbox"/>	m. Assess Provider Organization Capacity	<input checked="" type="checkbox"/>
e. Review HUD APR	<input checked="" type="checkbox"/>	n. Evaluate Project Presentation	<input checked="" type="checkbox"/>
f. Review Unexecuted Grants	<input type="checkbox"/>	o. Review CoC Membership Involvement	<input checked="" type="checkbox"/>
g. Site Visit(s)	<input type="checkbox"/>	p. Review Match	<input checked="" type="checkbox"/>
h. Survey Clients	<input checked="" type="checkbox"/>	q. Review Leveraging	<input checked="" type="checkbox"/>
i. Evaluate Project Readiness	<input checked="" type="checkbox"/>		
<b>3. Voting/Decision System</b>			
a. Unbiased Panel / Review Committee	<input checked="" type="checkbox"/>	e. All CoC Present Can Vote	<input type="checkbox"/>
b. Consumer Representative Has a Vote	<input type="checkbox"/>	f. Consensus	<input checked="" type="checkbox"/>
c. CoC Membership Required to Vote	<input type="checkbox"/>	g. Abstain if conflict of interest	<input checked="" type="checkbox"/>
d. One Vote per Organization	<input type="checkbox"/>		

## G: CoC Written Complaints Chart

<p><b>Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
<p><b>If Yes, briefly describe the complaints and how they were resolved.</b></p>	

CoC-G

## Part II: CoC Housing and Service Needs

### H: CoC Services Inventory Chart

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an "X" in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year.

(1)  Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Adult Protective Services				X														
African American Ministries		X	X															
Alegent Health Behavioral Services											X	X						
Alegent Mercy Hospital Behavioral Services		X	X								X	X	X					
American Red Cross (Council Bluffs)		X	X									X			X			
American Red Cross (Omaha)			X									X			X			
Bellevue Housing Authority		X																
Broadway United Methodist													X					
Camp Fire Boys & Girls						X				X							X	X
Catholic Charities				X							X	X			X		X	X
Charles Drew Health Center									X			X	X	X				X
Charles Drew Satellite Clinic							X		X				X					
Child Protective Services				X					X									
Child Saving Institute				X						X					X		X	
Children's Square (Council Bluffs)				X													X	
Choices Programs															X			
City of Omaha Police Department								X										
Community Alliance						X	X		X			X			X	X		X
Community Covenant													X					
Community Health Center (Council Bluffs)													X	X				
Creighton Preparatory High School													X					

CoC-H

(1)  Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Heath Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Dietz United Methodist Church						X							X					
Dorothy Day House													X					
Douglas Cty Community Mental Health Ctr												X						
Douglas County Housing Authority		X																
Douglas County Primary Healthcare													X	X				
Fair Housing Center of Nebraska				X	X													
Family Housing Advisory Services	X				X				X						X			
Fifth Avenue United Methodist Church													X					
First Lutheran Church													X					
General Assistance – Douglas County		X	X															
General Assistance – Pottawattamie County		X	X															
General Assistance – Sarpy County		X	X															
Goodwill Industries																X		
Greater Omaha Workforce Dev. Program																X		
Heart Ministry Center (No. Omaha)													X					
Heartland Family Services (Omaha/Sarpy Cty & Council Bluffs)		X	X	X		X			X		X	X					X	X
Holy Family Door Ministry		X	X										X					
Hope Medical Outreach													X					
Inter-Faith Response		X	X															
Iowa Department of Human Services		X	X	X														
IWCC Adult Learning & New Choices Prog.															X	X		
Iowa Workforce Development																X		
Jennie Edmundson Memorial Hospital (CB)												X	X					
Job Training Partnership Act (JTPA)																X		
Juan Diego Center											X		X					
Kings Way Christian Church													X					

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
LaRaza GED Program															X			
Law Enforcement – Douglas County								X										
Legal Aid of Nebraska					X													
Legal Services of Iowa					X													
Lutheran Family Services				X							X	X						
Lutheran Social Service/Iowa: Mental Health												X						
Metro Area CoC						X									X			
Magis Clinic – Francis House							X					X						
McAuley Center		X	X						X	X						X		X
Meals on Wheels													X					
Mission for All Nations (So. Omaha)													X		X			
Mohm's Place (Council Bluffs)				X		X			X				X					
Mount Sinai Baptist Church						X												
Municipal Housing Authority-Council Bluffs		X																
Nebraska AIDS Project		X	X	X	X	X			X	X		X		X	X			X
Nebraska Association of Farm Workers		X	X															
Nebraska Health & Human Services		X	X	X													X	X
Nebraska Job Services																X		
Nebraska Vocational Rehabilitation Services																X		
New Creations Transitional Housing											X							
OIC															X	X		
Omaha Campus for Hope				X							X	X						
Omaha Housing Authority		X																



(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
OPPD			X															
OPS Adult Basic Education Program															X			
One World Health Center				X			X		X				X	X				X
Open Door Mission						X			X		X		X				X	X
Our Savior Lutheran Church													X					
Pearl United Methodist.													X					
Planned Parenthood Community Ed. Prog.															X			
Pottawattamie County Homeless Link		X	X	X		X									X	X		X
Pottawattamie County Public Health							X						X	X				
Project Harmony				X				X					X					
Project Hope													X					
R.L.D.S.													X					
Renaissance Clinic-Salvation Army							X						X	X				
Saint Martin de Pores													X					
Saint Vincent de Paul	X	X	X										X					X
Salem Baptist													X					
Salvation Army – Council Bluffs		X	X							X	X	X						
Salvation Army – Omaha		X	X			X				X	X	X	X					
Siena/Francis House				X		X			X		X		X		X			X
SONA Medical Center													X					
Southside Christian Church													X					
Southwest Iowa Reg. Housing Authority		X																
Spring Center – Stabilization Center				X								X				X		
Stephen Center						X	X		X	X	X	X	X					X
Together, Inc.	X	X	X										X					X
United Way of the Midlands		X	X												X			
Urban League Family Resource Center															X	X		
VA Medical Ctr (thru its Veteran Program)	X	X	X	X		X			X		X	X	X					X
Vet Center				X		X					X	X						

(1)  Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Visiting Nurse Association – Council Bluffs				X		X	X			X	X	X	X	X	X			
Visiting Nurse Association – Omaha				X		X	X			X	X	X	X	X	X			
West Central Development (Council Bluffs)		X	X															
Williams Prepared Place										X	X							X
Youth Emergency Services				X		X			X	X	X		X		X	X		X
YWCA				X	X				X	X		X			X			X

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## CoC Housing Inventory and Unmet Needs

### I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2005 and January 31, 2006. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

## I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code □	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seas-onal	Overflow & Voucher
Current Inventory			Ind.	Fam.									
Catholic Charities	Campus Hope	F	0	0	312208	SMF		0	0	61	61	0	6
Catholic Charities	Phoenix House	6	0	24	191134	M	DV	8	24	0	24	0	0
Catholic Charities	The Shelter	F	0	0	312208	M	DV	7	31	0	31	0	0
Children’s Square	Youth Shelter	P	0	0	191134	YMF		0	0	22	22	0	0
Child Saving Institute	Crisis Center	P	0	0	312208	YMF		0	0	12	12	0	0
Child Saving Institute	Kids Cottage	P	0	0	312208	YMF		0	0	24	24	0	0
Help the Homeless	Open Door Mission	4	56	0	312208	SM		0	0	56	56	0	162
Help the Homeless	Lydia Emerg.	4	16	0	312208	SF		0	0	16	16	0	0
Help the Homeless	Lydia Family	P	0	0	312208	FC		11	55	0	55	0	0
MICAH House	MICAH House	5	1	9	191134	M		13	21	2	23	0	0
Siena/Francis House	Francis House	P	0	0	312208	SM		0	0	84	84	0	85
Siena/Francis House	Siena House	P	0	0	312208	M		0	0	29	29	0	7
Stephen Center	SC Shelter	4	20	25	312208	M		9	25	20	45	0	10
McAuley Center	McAuley Center	4	8	36	312208	M		12	36	8	44	0	0
Salvation Army	Transitional RP	P	0	0	312208	M		0	0	10	10	0	0
Youth Emergency Svc	YES House	P	0	0	312208	YMF		0	0	2	2	0	0
SUBTOTALS:			101	94	SUBTOT. CURRENT INVENTORY:			60	192	346	538	0	276

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart (cont.)														
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop	Year-Round			Total Year-Round Beds	Other Beds			
<b>New Inventory in Place in 2005</b> (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.										
Siena/Francis House	Francis House	P	0	0	312208	SM		0	0	138	138	0	0	
<b>SUBTOTALS:</b>			0	0	<b>SUBTOTAL NEW INVENTORY:</b>			0	0	138	138	0	0	
<b>Inventory Under Development</b>		Anticipated Occupancy Date												
Siena/Francis House	Siena House	July 2007		312208	M		0	0	15	15	0	0		
Christian Worship Ctr	New Vision Center – Joshua House	Spring 2007		191134	SM		0	0	40	40	0	0		
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>							0	0	55	55	0	0		
<b>Unmet Need</b>							<b>UNMET NEED TOTALS:</b>		0	0	309	309	0	50
1. Total Year-Round Individual ES Beds:			484	4. Total Year-Round Family Beds:						192				
2. Year-Round Individual ES Beds in HMIS:			101	5. Year-Round Family ES Beds in HMIS:						94				
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.			21%	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.						49%				

CoC-I

## I: CoC Housing Inventory Charts

### Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code □	Target Pop		Year-Round			Total Year- Round Beds
						A	B	Family Units	Family Beds	Individ. Beds	
Current Inventory			Ind.	Fam.							
Catholic Charities	Family Passages	F	0	0	312208	M	DV	12	40	0	40
Catholic Charities	Campus for Hope	F	0	0	312208	SMF		0	0	6	6
Catholic Charities	Inter/Halfway	F	0	0	312208	SMF		0	0	10	10
Heartland Family Services	Transitions	5	1	16	191134	M		6	16	1	17
Heartland Family Services	Safe Haven	F	0	0	319153	M	DV	5	20	0	20
Help the Homeless	Family Center	P	0	0	312208	FC		16	80	0	80
Help the Homeless	Men’s Rehab	P	0	0	312208	SM		0	0	22	22
Help the Homeless	Men’s New Life	P	0	0	312208	SM		0	0	16	16
Help the Homeless	Women’s New Lf.	P	0	0	312208	SF		0	0	10	10
Help the Homeless	Ind. TL	P	0	0	312208	M		4	20	0	20
New Creations	TL Apts	N	0	0	312208	M		28	66	0	66
New Creations	H2H	N	0	0	312208	M		10	30	0	30
Restored Hope	Restored Hope TL	N	0	0	312208	FC		17	52	0	52
Salvation Army	37 <sup>th</sup> Street	4	4	41	312208	M		14	41	4	45
Salvation Army	THRU	4	2	32	312208	M		10	32	2	34
Salvation Army	Scattered Site	4	0	36	312208	FC		7	36	0	36
Salvation Army	Harrington Homes	4	0	27	312208	FC		9	27	0	27
Salvation Army	ARC	P	0	0	312208	SM		0	0	95	95

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart (cont.)													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds		
						A	B	Family Units	Family Beds	Individ. Beds			
<b>Current Inventory (continued)</b>			Ind.	Fam.									
Siena/Francis House	S/F Recovery	P	0	0	312208	SMF		0	0	47	47		
Stephen Center	HERO	5	30	0	312208	SMF		0	0	30	30		
Stephen Center	Men's Apts.	P	0	0	312208	SM		0	0	8	8		
Stephen Center	TL Houses	P	0	22	312208	M		7	22	0	22		
Williams Prepared Place	WPP	5	18	0	312208	SMF		0	0	18	18		
<b>SUBTOTALS:</b>			55	174	<b>SUBTOT. CURRENT INVENTORY:</b>			145	482	269	751		
<b>New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)</b>			Ind.	Fam.									
<b>SUBTOTALS:</b>			0	0	<b>SUBTOTAL NEW INVENTORY:</b>			0	0	0	0		
<b>Inventory Under Development</b>		Anticipated Occupancy Date											
Christian Worship Center	New Visions Ctr. – Timothy House	Spring 2007			191134	SMF		0	0	26	26		
Siena/Francis	S/F Recovery	June 2007			312208	SMF		0	0	27	27		
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>								0	0	53	53		
<b>Unmet Need</b>								<b>UNMET NEED TOTALS:</b>		0	0	467	467
1. Total Year-Round Individual TH Beds:			269	4. Total Year-Round Family Beds:							482		
2. Year-Round Individual TH Beds in HMIS:			55	5. Year-Round Family TH Beds in HMIS:							174		
3. HMIS Coverage Individual TH Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.			20%	6. HMIS Coverage Family TH Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.							36%		

CoC-I

## I: CoC Housing Inventory Charts

### Permanent Supportive Housing\*: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual /CH Beds	
<b>Current Inventory</b>			Ind.	Fam.							
<b>SUBTOTALS:</b>			0	0	<b>SUBTOT. CURRENT INVENTORY:</b>		0	0	0	0	
<b>New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)</b>			Ind.	Fam.							
<b>SUBTOTALS:</b>			0	0	<b>SUBTOTAL NEW INVENTORY:</b>		0	0	0	0	
<b>Inventory Under Development</b>		Anticipated Occupancy Date									
CityOmaha/OHA/CA	Rental Asst. for CH	July 2006					0	0	21	21	
Heartland Family Svc	Heartland Homes	January 2009					16	37	0	37	
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>							16	37	21	58	
<b>UNMET NEED TOTALS:</b>							0	9	492	501	
1. Total Year-Round Individual PH Beds:			0	4. Total Year-Round Family Beds:						0	
2. Year-Round Individual PH Beds in HMIS:			0	5. Year-Round Family PH Beds in HMIS:						0	
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole number.)			0	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)						0	

\*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.

CoC-I

## J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time count during the last week of January 2006.

<b>(1) Indicate date on which Housing Inventory count was completed: <u>01/26/2006</u> (mm/dd/yyyy)</b>	
<b>(2) Identify the <u>primary</u> method used to complete the Housing Inventory Chart (check one):</b>	
<input type="checkbox"/>	<b>Housing inventory survey to providers</b> – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input checked="" type="checkbox"/>	<b>On-site or telephone housing inventory survey</b> – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS data to complete the Housing Inventory Chart
<b>(3) Indicate the percentage of providers completing the housing inventory survey:</b>	
<u>100</u> %	Emergency shelter providers
<u>100</u> %	Transitional housing providers
<u>100</u> %	Permanent Supportive Housing providers
<b>(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):</b>	
<input type="checkbox"/>	<b>Instructions</b> – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Training</b> – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Updated prior housing inventory information</b> – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	<b>Follow-up</b> – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Confirmation</b> – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input type="checkbox"/>	<b>Other</b> – specify:
<b>Unmet Need:</b>	
<b>(5) Indicate type of data that was used to determine unmet need (check all that apply):</b>	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
<b>(6) Indicate the <u>primary</u> method used to calculate or determine unmet need (check one):</b>	
<input type="checkbox"/>	<b>Stakeholder Discussion</b> – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input checked="" type="checkbox"/>	<b>Calculation</b> – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	<b>Applied statistics</b> – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	<b>HUD unmet need formula</b> – Used HUD's unmet need formula*
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(7) If your CoC made adjustments to calculated unmet need, please explain how and why.</b>	

\*For further instructions, see Questions and Answers Supplement on the CoC portion of <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-J



## CoC Homeless Population and Subpopulations

### K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Complete the following chart based on the most recent point-in-time count conducted. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include homeless Hurricane Katrina evacuees in Parts 1 and 2, and complete Part 3 if applicable. Part 3 may be completed using point-in-time information or may be estimated if no point-in-time count has been done since September 1, 2005. Completion of a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2006 is not required. The next required point-in-time count of sheltered and unsheltered homeless persons must be completed during the last week of January 2007. For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count: <u>01/26/06</u> (mm/dd/yyyy)				
---	--	--	--	--

  

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	36	48	10	94
1. Number of Persons in Families with Children:	126	174	30	330
2. Number of Single Individuals and Persons in Households without Children:	689	454	159	1,302
<b>(Add Lines Numbered 1 &amp; 2) Total Persons:</b>	815	628	189	1,632

  

Part 2: Homeless Subpopulations	Sheltered	Unsheltered	Total
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i> )	410	103	513
b. Severely Mentally Ill	305	* 56	361
c. Chronic Substance Abuse	492	* 85	577
d. Veterans	141	* 12	153
e. Persons with HIV/AIDS	6	* 0	6
f. Victims of Domestic Violence	134	* 6	140
g. Unaccompanied Youth (Under 18)	109	* 7	116

  

If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:

**Data Source:**    ☐ Point-in-time count    **OR**    ☒ Estimate

  

Part 3: Hurricane Katrina Evacuees	Sheltered	Unsheltered	Total
Total number of Katrina evacuees	<b>250</b>	<b>0</b>	<b>250</b>
Of this total, enter the number of evacuees homeless <b>prior to</b> Katrina	25	0	25

\*Optional for Unsheltered

CoC-K

## L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time count conducted.

### L-1: Sheltered Homeless Population and Subpopulations

<b>(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):</b>	
<input type="checkbox"/>	<b>Point-in-Time (PIT) <u>no interview</u></b> – Providers did not interview sheltered clients during the point-in-time count
<input type="checkbox"/>	<b>PIT <u>with interviews</u></b> – Providers interviewed each sheltered individual or household during the point-in-time count
<input checked="" type="checkbox"/>	<b>PIT <u>plus sample of interviews</u></b> – Providers conducted a point-in-time count <b>and</b> interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input type="checkbox"/>	<b>PIT <u>plus extrapolation</u></b> – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	<b>Administrative Data</b> – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input type="checkbox"/>	<b>HMIS</b> – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Instructions</b> – Provided written instructions to providers for completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	<b>Training</b> – Trained providers on completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	<b>Remind and Follow-up</b> – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(3) How often will sheltered counts of sheltered homeless people take place in the future?</b>	
<input type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input checked="" type="checkbox"/>	Other – please specify: monthly
<b>(4) Month and Year when next count of sheltered homeless persons will occur: <u>06/14/2006</u></b>	
<b>(5) Indicate the percentage of providers completing the populations and subpopulations survey:</b>	
<u>100</u> %	Emergency shelter providers
<u>100</u> %	Transitional housing providers
<u>N/A</u> %	Permanent Supportive Housing providers

CoC-L-1

## L-2: Unsheltered Homeless Population and Subpopulations\*

<b>(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:</b>	
<input checked="" type="checkbox"/>	<b>Public places count</b> – CoC conducted a point-in-time count <u>without</u> client interviews
<input type="checkbox"/>	<b>Public places count with interviews</b> – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	<b>Sample of interviews</b> – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	<b>Extrapolation</b> – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
<input type="checkbox"/>	<b>Public places count using probability sampling</b> – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	<b>Service-based count</b> – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to complete the enumeration of unsheltered homeless people
<input type="checkbox"/>	<b>Other</b> – please specify:
<b>(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:</b>	
<input type="checkbox"/>	<b>Complete coverage</b> – The CoC counted every block of the jurisdiction
<input checked="" type="checkbox"/>	<b>Known locations</b> – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input type="checkbox"/>	<b>Combination</b> – CoC counted central areas using complete coverage and also visited known locations
<input type="checkbox"/>	<b>Used service-based or probability sampling</b> (coverage is not applicable)
<b>(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Outreach teams</b>
<input type="checkbox"/>	<b>Law Enforcement</b>
<input checked="" type="checkbox"/>	<b>Service Providers</b>
<input checked="" type="checkbox"/>	<b>Community volunteers</b>
<input checked="" type="checkbox"/>	<b>Other</b> – please specify: <b>homeless and formerly homeless persons</b>
<b>(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Training</b> – Conducted a training for point-in-time enumerators
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to check for duplicate information
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(5) How often will counts of unsheltered homeless people take place in the future?</b>	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – please specify:
<b>(6) Month and Year when next count of unsheltered homeless persons will occur: <u>01/0007</u></b>	

\*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques.

CoC-L-2

# CoC Homeless Management Information System (HMIS)

## M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

### M-1: HMIS Lead Organization Information

Organization Name: <b>Iowa Institute for Community Alliances</b>	Contact Person: <b>David Eberbach, Assoc. Dir</b>
Phone: <b>515-246-6643</b>	Email: <b>davideberbach@aol.com</b>
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>	

CoC-M-1

### M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC included in HMIS

#### Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Omaha/Council Bluffs CoC	NE-501		

\*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-M-2

### M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason: <input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process
		<b>07/2006</b>	

CoC-M-3

### M-4: Client Records\*\*

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	<b>45,094</b>	<b>2,893</b>
2005	<b>85,033</b>	<b>2,218</b>

CoC-M-4

### M-5: HMIS Participation\*\*

<b>a) HMIS participation by program type and funding source (please review instructions)</b>			
Program Type	Total number of agencies	Number of agencies participating in HMIS <u>receiving</u> HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach	<b>3</b>	<b>2</b>	<b>1</b>
Emergency Shelter	<b>10</b>	<b>5</b>	<b>0</b>
Transitional Housing	<b>9</b>	<b>4</b>	<b>0</b>
Permanent Supportive Housing	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTALS:</b>	<b>22</b>	<b>11</b>	<b>1</b>
<b>b) Definition of bed coverage in HMIS (please review instructions)</b>			
Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)		
Emergency Shelter (all beds)	<b>07/2006</b>		
Transitional Housing (all beds)	<b>08/2006</b>		
Permanent Supportive Housing (McKinney-Vento funded beds only)	<b>01/2007</b>		

**Challenges and Barriers:** Briefly describe any significant challenges/barriers the CoC has experienced in:

1. **HMIS Implementation:**

**The Omaha/Council Bluffs CoC was awarded an HMIS SHP Grant last year (Start date 6/2006) to restart HMIS efforts in the Continuum. This CoC was an early adopter of a data collection tool (pre-HMIS) and the software was not able to meet the increased needs of HUD and the providers. The decision was made to stop using the obsolete data collection tool and begin using the same HMIS tool that is being used in the rest of Nebraska. The decision was also made to contract with an experienced organization to provide HMIS specific assistance for implementation, rollout and ongoing support. We anticipate that the biggest barriers will revolve around willingness and ability of agencies to participate in this new effort. Because much of the software costs will be paid by the participants, large scale implementation will likely be reduced and non-HUD funded agencies will be less likely to voluntarily participate. Also, because of the recent changes at the national level regarding domestic violence agencies and because of the lack of clarification from HUD on this issue, we expect that there will be no participation by domestic violence providers in the new HMIS efforts. This will have an overall negative effect on our participation rate.**

2. **HMIS Data and Technical Standards Final Notice Requirements: The primary challenge for our implementation in regards to the standards will be the implementation of PKI (Public Key Infrastructure) within our network. This requirement is an expensive element -- one that was not planned for within our funding matrix and one that will also be costly in regard to staff time to implement and maintain. We have been working cooperatively with the HMIS Technical Assistance staff to network with other similarly sized implementations across the country to investigate solutions. One of our staff members has also been part of the PKI workgroup for the National Human Services Data Consortium. Currently, it appears our most viable solution may come through our HMIS software vendor. They are in the process of developing an aspect of the software that includes the functional requirements of PKI and could be installed through our existing network software. Other Final Notice Requirements are either in place, will be trained during rollout, or are included as requirements in contracts for participation, so we do not anticipate any other barriers at this time.**

**\*\*For further instructions on charts M-4 and M-5, see Instructions section at the beginning of application.**

**CoC-M-5**

**M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards**

<b>1. Training Provided (check all that apply) - Will be provided beginning 6/2006</b>	<b>YES</b>	<b>NO</b>
Basic computer training	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HMIS software training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Privacy / Ethics training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Security Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Administrator training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2. CoC Process/Role</b>		
Is there a plan for aggregating all data to a central location, at least annually?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3. Data Collection Entered into the HMIS - Beginning 6/2006</b>		
Do all participating agencies submit universal data elements for <b>all</b> homeless persons served?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4. Security: Participating agencies have: - Beginning 6/2006</b>		
Unique username and password access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Locking screen savers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Virus protection with auto update?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individual or network firewalls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5. Security: Agency responsible for centralized HMIS data collection and storage has:</b>		
Procedures for off-site storage of HMIS data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disaster recovery plan that has been <u>tested</u> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6. Privacy Requirements</b>		
Have additional State confidentiality provisions been implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a written privacy policy, including the uses and disclosures of information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a privacy policy posted on its website (if applicable)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7. Data Quality: CoC has protocols for:</b>		
Client level data quality (i.e. missing birth dates etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program level data quality (i.e. data not entered by agency in over 14 days)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessing CoC bed coverage (i.e. % of beds)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>8. Unduplication of Client Records: CoC process:</b>		
Uses data in the HMIS exclusively to generate unduplicated count?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uses data integration or data warehouse to generate unduplicated count?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CoC-M-6

## Part III: CoC Strategic Planning

### N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Please provide local action steps and measurable achievements for attaining each of the 5 national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. In the column labeled “Lead Person,” please list one individual that is responsible for ensuring that the objective is met. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2007 application.

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
<i>EXAMPLE: 1. Create new PH beds for chronically homeless persons.</i>	<i>1. Expand New Hope Housing project with 5 new TRA S+C beds for chronically homeless persons</i>	<i>5 Beds</i>	<i>20 beds</i>	<i>50 beds</i>	<i>Carol Smith: Chair, CoC Housing Committee</i>
1. Create new PH beds for chronically homeless persons.	1. Implement 10-Year Plan to End Chronic Homelessness. 2. Identify more lead agencies to develop permanent supportive housing projects. 3. Determine financing strategy and seek permanent housing funds. 4. Create and begin operating new 12-unit apartment and provide 9 rental vouchers under the shelter plus care program. 5. Initiate development of 24 “permanent housing” safe haven units with planned completion by July 2009. 6. Plan for long-term development of an additional 24 “permanent housing” safe haven units to be completed by 2010. 7. Develop an additional 48 new “permanent housing” units during the period 2008 through 2015. 8. Provide 54 additional rental vouchers over the next 10 years	12 beds; 9 vouchers	36 beds; 36 vouchers	84 beds, 63 vouchers	Mike Saklar MACCH Executive Committee Member

2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	<ol style="list-style-type: none"> <li>1. Provide PH clients with basic needs items including food, clothing, mental health and medical needs.</li> <li>2. Provide PH clients skill-building training based on individual needs.</li> <li>3. Track PH bed occupancy through HMIS.</li> <li>4. Continue annual sheltered/unsheltered count.</li> </ol>	50% of PH clients ' with in-creased income ; 50% with 6 month length of stay.	50% of PH clients with in-creased income ; 71 % staying in PH over 6 month s	50% of PH clients with in-creased income ; 71 % staying in PH over 6 month s	JoAnn Strong MACCH Co-Chair
3. Increase percentage of homeless persons moving from TH to PH to 61%.	<ol style="list-style-type: none"> <li>1. Ask existing TH Program to consider amending their grant to become Permanent Supportive Housing Programs.</li> <li>2. Work with TH Task Force, as well as Youth Task Force, to develop recommendations and an action plan and for the CoC to implement to assist in increasing TH discharge rates.</li> <li>3. Identify missing partners in Discharge Policy Planning Task Force, making sure mental health, corrections, youth aging out of foster care, and consumers are represented.</li> <li>4. Implement individual written discharge planning for all youth discharged from foster care, youth rehab centers, or other institutions.</li> <li>5. Continue annual sheltered/unsheltered count.</li> </ol>	CoC plan to in-crease dis-charge rates from TH to PH.	All 8 TH pro-grams become PH pro-grams, report-ing a mini-mum of 61% dis-charge to PH.	Dis-charges to PH at 75%, main-tained for 6 months	Joanie Spitznagle, CoC Executive Committee Member.
4. Increase percentage of homeless persons becoming employed by 11%.	<ol style="list-style-type: none"> <li>1. Enlist local businesses to identify employment opportunities for homeless persons.</li> <li>2. Secure commitments from local businesses to employ at-risk adults.</li> </ol>	24% of exiting adults earn employ-ment income	37% exiting adults earn employ-ment income	62% exiting adults earn employ-ment income	Rich Koeppen MACCH Co-Chair
5. Ensure that the CoC has a functional HMIS system.	<ol style="list-style-type: none"> <li>1. HMIS will implement with trainings in 6/2006 and start date for emergency shelters of 7/2006, transitional providers of 8/2006.</li> <li>2. We expect to have limited data sharing between service providers at</li> </ol>	14 Home-less service pro-viders and 20	10 Add-itional pro-viders partici-pating.	HMIS used to de-velop early warn-ing	David Eberbach: Iowa Institute for Community Alliances



	onset.  3. Also, we expect to integrate Permanent Housing Providers and Street Outreach providers into the HMIS during the next 12 months.	Food Pantries participating	Monthly and Yearly reports for CoC	system to anticipate new social challenges	
<b>Other CoC Objectives in 2006</b>					
1. Create CoC 501(c)3 nonprofit	1. File with IRS for 501(c)3 nonprofit status. 2. Seek funding to support staff. 3. Hire staff.	501(c)3 status secured. 18-months of funding secured for MACCH Convene & expand Board of Directors Development plan implemented Exec. Dir. and admin. support staff hired	Sustainable streams of revenue established Technology implemented to identify best practices for existing & new services	Outdated approaches to ending homelessness identified & dismantled. Maintain & continue diversity of fund development Revise strategic plan 100% of funding secured to sustain all services.	Shelley Kiel, MACCH Lead Co-Chair
2. Address acute medical needs of homeless in emergency shelters	1. Document health care needs of homeless in shelters. 2. Inventory shelter health care resources in shelters. 3. Develop discharge/continuity of care plan with hospitals.	2,500 unduplicated clients health needs	90% of sheltered clients matched to a med-	95% of sheltered clients matched to a med-	Marilyn Wegehaupt, MACCH Co-Chair

	<p>4. Develop “respite” model for shelters.</p> <p>5. Develop funding strategy for implementing respite model.</p>	<p>75% of home-less clients matched to a medical home.</p> <p>Triage system tracks 50% of discharged clients.</p> <p>5 potential funders identified.</p>	<p>ical home</p> <p>Triage system tracks 75% of discharged clients.</p> <p>Respite model implemented</p>	<p>ical home</p> <p>Triage system tracks 90% of discharged clients.</p> <p>Respite model continues to evolve with best practices.</p>	
3. Create Mainstream Resource access through Day Facility network	<p>1. Funders approached to ensure services continue at existing levels throughout 2006.</p> <p>2. Task Force determines whether existing facilities will move toward full implementation.</p> <p>3. Site and facility selections finalized.</p>	<p>100% of day shelter clients are offered access to main-stream re-sources</p> <p>50% of those qualify-ing apply for main-stream re-sources</p>	<p>100% of day shelter clients are offered access to main-stream re-sources</p> <p>70% of those qualify-ing apply for main-stream re-sources</p>	<p>100% of day shelter clients are offered access to main-stream re-sources</p> <p>90% of those qualify-ing apply for main-stream re-sources</p>	Del Bomberger, MACCH Board of Directors

CoC-N

## O: CoC Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being discharged from publicly funded institutions or systems of care. Check “Yes” or “No” in each box, as appropriate. \*If “Yes” is indicated for “Formal Protocol Finalized” or “Formal Protocol Implemented,” include a brief summary of the formal protocol for each applicable system category. Your response in this section should take up less than 2 pages.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Corrections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Foster Care: State policy addresses discharge from state foster care, out-of-home care, and general custody. A Policy and Procedures Manual guides the work of Protection and Safety. Discharge planning protocols seek to ensure a smooth transition from wardship to community living, connecting youth to needed community supports, while recognizing the strengths and needs of the ward. The protective service worker plan ensures that the youth continues to receive supported living into adulthood (the age of majority, which is 19) and reflects the need for any continuity of programmed services, such as educational and vocational services. The Transitional Plan to Adult Living through the school district is to be used for those receiving special education services. Wards with other mental or physical disabilities are linked to specialized support services to make the transition to living within the community. While a case is closed when the ward/youth reaches the age of majority, the youth should maintain significant relationships and be connected to future case management when warranted. (The Policy &amp; Procedures Manual is currently under revision. (5/2006)</p>				
<p>Health Care: Charles Drew Health Center in Omaha is the only publicly funded institution/system of care in NE. Other arrangements regarding discharge from privately funded institutions/systems of care would be protocol that has been developed by the seven CoCs. Some CoCs have done this in relationship to behavioral health reform and release from a hospital psychiatric ward in that CoC region.</p>				
<p>Mental Health: When an individual is committed to a State Regional Center, the discharge planning process starts. The goal is to return the individual to the community and the appropriate level of housing and needed services (if required). All planned discharges include appropriate housing and community services. The Nebraska Housing Related Assistance Program, authorized under Neb. Rev. Stat. 71-812(3) and consistent with the intent of Nebraska’s Behavioral Health Reform, is to help those who are experiencing extreme housing burden. To be eligible, the adult has a serious mental illness; an Individual Service Plan with a goal of independent living; has HHSS Authorized Behavioral Health Services; has documented efforts to fully exhaust local options available in seeking rental assistance administered by local housing authorities and/or other entities; is Extremely Low Income; and (f) meets one of the following criteria: is discharged from an inpatient mental health commitment; is eligible to move from a residential level of care to independent living to make room for a person being discharged from an inpatient mental health commitment; is at risk of an inpatient mental health commitment, at least in part because of lack of affordable independent housing.</p>				
<p>Corrections: Case managers are responsible for conducting discharge planning for assigned</p>				

caseloads. The intent of discharge planning is to prepare the inmate for release and transition to the community. As much as possible, inmates are encouraged to enroll in the pre-release program; this is mandatory for NE Corrections Youth Facility inmates. The discharge plan consists of educational or vocational goals, a housing plan, consideration of behavioral health plan for a continuum of care upon release. The plan is revised at regular interviews. The final discharge plan is completed to those discharging without the benefit of parole at least 90 days prior to discharge. This final plan reviews the reasons for discharge without parole and is used to aid the transition into the community. Each facility must develop procedures for coordinating community resources to assist in the final discharge plan. Written procedures are in place for releasing inmates. (Last revised 5/18/2005.)

CoC-O

## P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

<b>Consolidated Plan Coordination</b>	<b>YES</b>	<b>NO</b>
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Jurisdictional 10-year Plan Coordination</b>		
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
<b>Policy Academy* Coordination</b>	<b>YES</b>	<b>NO</b>
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Public Housing Agency Coordination</b>		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Coordination with State Education Agencies</b>		
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\*A State Policy Academy is a state-level process designed to help state and local policymakers improve access to mainstream services for people who are homeless. For more information about getting involved in a State Policy Academy, see <http://www.hrsa.gov/homeless>.

CoC-P

## CoC 2006 Funding Priorities

### Q: CoC Project Priorities Chart

For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name:* Omaha/Council Bluffs CoC						CoC #: NE-501			
(1) <b>SF-424 Applicant Name</b>  (Please Remove Examples)	(2) <b>Project Sponsor Name</b>	(3) <b>Project Name</b>	(4) <b>Priority</b>	(5) <b>Requested Project Amount ***</b>	(6) <b>Term</b>	(7) <b>Program and Component Type**</b>			
						<b>SHP New</b>	<b>SHP Renewal</b>	<b>S+C New</b>	<b>SRO New</b>
Heartland Family Service	Heartland Family Service	Pottawattamie County Homeless Link	1	\$533,908	2		TH		
Salvation Army	Salvation Army	37 <sup>th</sup> Street Residential Readiness Program	2	\$293,388	2		TH		
Hope of Glory Ministries, Inc.	Hope of Glory Ministries, Inc.	Williams Prepared Place	3	\$153,644	2		TH		
Community Alliance Rehabilitative Services	Community Alliance Rehabilitative Services	Mobile Outreach Program	4	\$392,860	2		SSO		
Heartland Family Service	Heartland Family Service	Safe Haven Transitional Housing	5	\$143,046	2		TH		
Stephen Center, Inc.	Stephen Center, Inc.	Stephen Center Transitional Living Program	6	\$53,521	1		TH		
Salvation Army	Salvation Army	Transitional Housing Residential Units (THRU)	7	\$138,897	1		TH		
Salvation Army	Salvation Army	Harrington Homes	8	\$58,021	1		TH		
Catholic Charities of the Archdiocese of Omaha	Catholic Charities of the Archdiocese of Omaha	Family Passages	9	\$213,234	1		TH		
<b>(8) Subtotal: Requested Amount for CoC Competitive Projects:***</b>				<b>\$1,980,519</b>					
<b>(9) Shelter Plus Care Renewals:****</b>						<b>S+C Component Type**</b>			

N/A					
<b>(10) Subtotal: Requested Amount for S+C Renewal Projects:</b>				\$ 0	
<b>(11) Total CoC Requested Amount:</b>				<b>\$1,980,519</b>	

CoC-Q

\*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

\*\*Place the component type (PH, TRA etc.) under the appropriate program for each project in column 7.

\*\*\*The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.

\*\*\*\*For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

## R: CoC Pro Rata Need (PRN) Reallocation Chart

(Only for Eligible Hold Harmless CoCs)

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2006 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These new project(s) may be for SHP, S+C, and Section 8 SRO projects and their respective eligible activities.

**Advisory Warning:** According to the CoC competitive process, a CoC that scores below the initial funding line will not have the new projects on this chart funded. As such, the reallocated funds that had been used for renewals would no longer be available to the CoC.

<b>1. Will your CoC be using the PRN reallocation process?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>If Yes</b> , explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
<b>2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2006, which amount you have verified with your field office:</b>				<i>Example:</i> \$530,000	\$
<b>3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing projects, and enter the remaining amount:</b> <i>(In this example, the amount proposed for new PH projects is \$140,000)</i>				<i>Example:</i> \$390,000	\$
<b>4. Enter the Reduced or Eliminated Grant(s) in the 2006 Competition</b>					
<b>(1) Expiring Grants</b>	<b>(2) Program Code</b>	<b>(3) Component</b>	<b>(4) Annual Renewal Amount</b>	<b>(5) Reduced Amount</b>	<b>(6) Retained Amount from Existing Grant</b>
<i>Ex:</i> MA01B300002	SHP	TH	\$100,000	\$60,000	\$40,000
<i>Ex:</i> MA01B400003	SHP	SSO	\$80,000	\$80,000	\$0
<b>(7) TOTAL:</b>					
<b>5. Newly Proposed Permanent Housing Projects in the 2006 Competition</b>					
<b>(8) 2006 Project Priority Number</b>	<b>(9) Program Code</b>	<b>(10) Component</b>	<b>(11) Transferred Amounts</b>		
<i>Example:</i> #5	SHP	PH	\$90,000		
<i>Example:</i> #12	S+C	TRA	\$50,000		
<b>(12) TOTAL:</b>					

CoC-R



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## S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do **not** add any rows). Provide information **only** for contributions for which you have a **written commitment in hand at the time of application**.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
<i>Example:</i> River County CoC	\$10,253,000
Omaha/Council Bluffs CoC	\$1,085,280

CoC-S

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## T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

## T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:														
Type of Housing			All SHP Funds Requested (Current Year)		Renewal Projections									
			2006		2007		2008		2009		2010		2011	
Transitional Housing (TH)			1,587,659		634,272		1,196,265		1,196,265		1,196,265		1,196,265	
Safe Havens-TH			0		0		0		0		0		0	
Permanent Housing (PH)			0		0		92,967		92,967		92,967		92,967	
Safe Havens-PH			0		0		0		0		0		0	
SSO			392,860		0		196,430		196,430		196,430		196,430	
HMIS			0		243,075		0		243,075		0		243,075	
Totals			1,980,519		877,347		1,485,662		1,728,737		1,485,662		1,728,737	
Shelter Plus Care (S+C) Projects:														
Number of Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections										
				2006		2007		2008		2009		2010		2011
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	
0	0	0	0	0	0	0	0	0	0	0	0	0		
1	0	0	0	0	0	0	0	0	21	133,812	21	133,812		
2	0	0	0	0	0	0	0	0	0	0	0	0		
3	0	0	0	0	0	0	0	0	0	0	0	0		
4	0	0	0	0	0	0	0	0	0	0	0	0		
5	0	0	0	0	0	0	0	0	0	0	0	0		
Totals	0	0	0	0	0	0	0	0	21	133,812	21	133,812		

## Part IV: CoC Performance

### U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12 months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

Goals	Action Steps	Measurable Achievements
<b>Chronic Homelessness Goals</b>		
1. Continue annual sheltered/unsheltered count	a. Determine who does what b. Set January '06 date for count c. Conduct count d. Compare numbers with previous counts	a. Lead persons identified; designated areas assigned. b & c. Count conducted 01/26/2006. d. Numbers presented at February 2006 CoC Meeting
2. Complete 10 Year Plan to End Chronic Homelessness	a. Finalize first draft/distribute for review b. Incorporate suggested revisions c. Present to jurisdiction officials for endorsement	a-c. State plan adopted by MACCH 05/10/2006
3. Develop permanent supportive housing project for '06 (perhaps for '06 SuperNOFA)	a. Identify lead agency b. Determine financing strategy (S+C, SHP or other) c. Write proposal/seek financing d. Submit application (if S+C or SHP)	a. Lead agency identified. b. Financing strategy identified (S+C). c. Proposal written and financing attained. d. Application submitted and approved by HUD for S+C project.
4. Create CoC 501(c)3 Nonprofit	a. Create by-laws and policies of 501(c)3 and have them approved by the CoC Executive Committee b. File with IRS for 501(c)3 nonprofit status c. Seek funding to support staff d. Hire staff	a. By-laws and policies approved at 05/03/2006 Executive Committee meeting. b. Articles of Incorporation approved by State of Nebraska 05/17/2006; 501(c)3 filing with IRS in process. 3. 2 grant applications pending for \$295,926 for salaries and administrative expenses; 2 gifts secured totaling \$40,000; 3 in-kind gifts secured totaling \$31,800. 4. Staff descriptions developed in anticipation of private funding.

<p>5. Finalize Day Facility network (three full service day facilities)</p>	<p>a. Secure funding commitment</p> <p>b. Develop construction/facility expansion schedule (&amp; implementation)</p> <p>c. Schedule services</p> <p>d. Move from partial to full implementation of network</p>	<p>a. 2 grant applications pending for \$1,062,214 in day shelter/supportive services funding; secured commitment from City of Omaha for \$1 million CDBG for construction of day facilities.</p> <p>b. March 2006 Decision Accelerator resulted in funder identification, leading to new timetable for funding existing day shelters for current calendar year while final decision on sites and facilities is made.</p> <p>c. Services to continue at existing levels throughout 2006.</p> <p>d. If funding applied for in (a.) is received, full implementation of network that is not contingent upon new or expanded facilities will have been achieved.</p>
<p>6. Convert CoC HMIS to ServicePoint and move toward full implementation of HMIS</p>	<p>a. Secure HMIS-dedicated funding in '05 SuperNOFA (begin conversion in advance if interim funding can be obtained)</p> <p>b. Transfer data obtained through MAACLink to ServicePoint</p> <p>c. Train agencies in ServicePoint usage</p> <p>d. Implement strategy for obtaining 100% usage</p> <p>e. Generate reports for tracking CH (and homeless) progress</p>	<p>a. HUD HMIS funding secured in 2005 SuperNOFA.</p> <p>b. MACCH Executive Committee decided data transfer is not cost effective, so data transfer will not occur.</p> <p>c. Shelter training and implementation set for June 2006, transitional housing training &amp; implementation set for July 2006.</p> <p>d. March 2006 Decision Accelerator named HMIS as a critical operation; CH Contracts for agencies receiving McKinney/Vento funds to be adjusted to include HMIS participation language; efforts to bring in non-HUD funded agencies include demonstrations to faith-based program &amp; other providers, and data collection tool to be adjusted to meet varied needs of non-HUD funded agencies.</p> <p>e. General reporting &amp; data quality reporting to begin within 2 months of network implementation; specific data quality check for CH will</p>

		compare responses to disability & household for those identified as CH.
<b>Other Homelessness Goals</b>		
1. Address acute medical needs of homeless in emergency shelters	a. Document health care needs of homeless in shelters b. Inventory shelter health care resources in shelters c. Develop discharge/continuity of care plan with hospitals d. Develop “respite” model for shelters e. Develop funding strategy for implementing respite model	a. Medical providers and nurses identified and charted sheltered clients’ healthcare needs. b. Case managers & nurses connected sheltered clients to healthcare services listed in Medical TF’s on-going inventory. c. TF identified roles & established protocol to contact nurses upon client patient discharge. Knowledge base expanded. d. Liaison established with Respite Network; visits to respite centers being scheduled. Continuing education about the importance of a respite model in metro area has led to changes in shelters’ accommodations of homeless persons’ medical needs. e. Funders to be identified and approached after respite model is determined.
2. Address transportation needs of the homeless	a. Inventory existing transportation resources b. Assess transportation needs of homeless c. Create “easy-access” for public and other forms of transportation	a. Existing transportation resources inventoried. b. Client surveys identified top transportation needs as bus ticket costs and lack of bus services to Open Door Mission. c. Conducted outreach to educate clients that disabled can attain ½ price bus tickets; work with MAT failed to implement free bus passes for sheltered homeless; & educated Medicaid clients about Share Advantage plan delivering free medical transportation.
3. Create Mainstream Resource access through Day Facility network	a. Form day facility task force to address this goal b. Contact mainstream resource providers to establish day facility/on-site applications	a. Day Facility Task Force formed. b. All mainstream resource providers participated in March Decision Accelerator that focused on this goal. c. Successful 2005 SHP application

	<p>c. Coordinate application schedules across day facilities</p> <p>d. Develop system for securing ID documentation for clients</p> <p>e. Develop system for ensuring that clients receive application assistance at day facilities</p> <p>f. Develop system for tracking resource acquisition</p>	<p>includes software which will be used to consistently coordinate mainstream resources between day facilities, effective 07/01/2006.</p> <p>d. Continues to be done on an ad hoc basis by individual organizations.</p> <p>e &amp; f. New HMIS system will be implemented in day facilities 07/01/2006.</p>
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CoC-U

## V: CoC Chronic Homeless (CH) Progress Chart

This chart should be based on January 2006 point-in-time counts. For further instructions in filling out this chart, please see the Instructions section.

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
<b>2004</b>	<i>Example:</i> 90	45					
<b>2005</b>	<i>Example:</i> 82	50					
<b>2006</b>	<i>Example:</i> 75	60	10	\$15,480	\$31,420	\$40,350	\$12,750
<b>2004</b>	379	0					
<b>2005</b>	639	0					
<b>2006</b>	547	0	0	\$0	\$0	\$0	\$0

(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).

The January 21, 2006 Point-in-Time Homeless Population Count reflects a decrease of 92 chronic homeless individuals from the January 21, 2005 count. Several changes factor into this 14% drop.

- More individuals are reported in the emergency shelters in 2006 than in 2005 (689 vs. 565, an increase of 124 persons) and so, it is possible that the standard with which the chronic homeless definition was applied and/or the familiarity of staff with clients varied between the two counts, leading to the difference in the estimated number of chronically homeless;
- In the HOME Rental Assistance Program, Omaha Housing Authority reported issuing 39 vouchers in 2005, an increase of 12 over 2004's 27 vouchers issued; while Family Advisory Service placed 12 homeless individuals in permanent supportive housing. This could account for as many as 39 chronically homeless individuals housed.
- 2005 also saw a huge leap in the number of participants in Transitional Housing, with 1,292 exiting TH projects compared to 301 last year. Of these participants 609 moved to PH, a substantial increase over 125 last year.
- Since the applicable permanent housing projects were still under development in 2005, supportive services were analyzed for shifts that may have contributed to the decrease. Last year, the Continuum made great advances in reducing the number of adults exiting with no financial resources, cutting that number from 919 (or 49.8%) in 2004 to 453 (or 35.1%) in 2005.

CoC-V

## W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate box in the chart.

<b>1. Participants in Permanent Housing</b>		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input checked="" type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who <b>exited</b> PH project(s)—APR Question 12(a)	
b.	Number of participants who did <b>not leave</b> the project(s)—APR Question 12(b)	
c.	Number who <b>exited</b> after staying 7 months or longer in PH—APR Question 12(a)	
d.	Number who did <b>not leave</b> after staying 7 months or longer in PH—APR question 12(b)	
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	%
<b>2. Participants in Transitional Housing (TH)</b>		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	1,292
b.	Number of participants who moved to PH	609
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	47%

CoC-W



## X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	<u>All</u> non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
<i>Example:</i> 105	a. SSI	40	38.1%
<i>Example:</i> 105	b. SSDI	35	33.3%
1,292	a. SSI	<b>190</b>	<b>14.7%</b>
1,292	b. SSDI	<b>78</b>	<b>6.0%</b>
1,292	c. Social Security	<b>13</b>	<b>1.0%</b>
1,292	d. General Public Assistance	<b>87</b>	<b>6.7%</b>
1,292	e. TANF	<b>131</b>	<b>10.1%</b>
1,292	f. SCHIP	<b>0</b>	<b>0</b>
1,292	g. Veterans Benefits	<b>7</b>	<b>0.5%</b>
1,292	<b>h. Employment Income</b>	<b>286</b>	<b>22.1%</b>
1,292	i. Unemployment Benefits	<b>5</b>	<b>0.4%</b>
1,292	j. Veterans Health Care	<b>2</b>	<b>0.2%</b>
1,292	k. Medicaid	<b>99</b>	<b>7.7%</b>
1,292	l. Food Stamps	<b>410</b>	<b>31.7%</b>
1,292	m. Other (please specify)		
	Child Support	<b>7</b>	<b>0.05%</b>
	AABD	<b>42</b>	<b>3.2%</b>
	Settlement	<b>1</b>	<b>0.08%</b>
	Unspecified	<b>47</b>	<b>3.64%</b>
1,292	n. No Financial Resources	<b>453</b>	<b>35.1%</b>

CoC-X

## Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons identify, apply for and follow-up to receive benefits under **SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.** Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a <b>majority</b> of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input type="checkbox"/>	The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

CoC-Y

## Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	\$514,000
N/A			
		<b>Total:</b>	

CoC-Z

## AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: <http://www.energystar.gov>.

Have you notified CoC members of the Energy Star initiative? ☒ Yes ☐ No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 11 %

CoC-AA

## AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>If you answered yes to Question 1:</b> Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>If you answered yes to Question 2:</b> What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? <b>Check all that apply:</b>  <input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.  <input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.  <input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.  <input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"** in all solicitations and contracts.		
<p>*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; <u>or</u> evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided.</p> <p>**The "Section 3 clause" can be found at 24 CFR Part 135.</p>		

CoC-AB